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Abstract

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Grant Number: 1R15NR007637-01
PI Name: SCAHILL, LAWRENCE
PI Title: ASSOCIATE PROFESSOR
Project Title: Parent Training for Children with Tourette Syndrome

Abstract: *This proposal requests funding to conduct a two-year pilot study on the effectiveness of Parent Management Training (PMT) in 32 children with Tourette syndrome and explosive, noncompliant behavior. Although Tourette syndrome (TS) is defined by chronic motor and phonic tics, clinically-identified children with TS often have comorbid obsessive-- compulsive symptoms (OCS), Attention Deficit Hyperactivity Disorder (ADHD) and/or noncompliant behavior. Parents describe these more complex cases as stubborn, irritable, argumentative, emotionally brittle, easily frustrated and prone to tantrums. Whether these problems are part of TS, secondary to TS or an unrelated comorbid behavioral profile is unknown. For children with this behavior profile, however, the care- taking demands can be extraordinary. Because the tics of TS are involuntary, parents may question the child's capacity to control this noncompliant and explosive behavior. This uncertainty threatens parental competence and may lead to inconsistent and insufficient parental control. The purpose of this PMT program is to improve the explosive and noncompliant behavior in children with TS by enhancing parental management of the disruptive and explosive behavior. PMT has been successfully applied to children with disruptive behavior problems in ADHD, but has not been applied to children with TS. The study will be conducted at the Yale Child Study Center in collaboration with the Tic Disorder Clinic, the ongoing Program Project in Tourette syndrome (P01MH49351) and the Research Unit in Pediatric Psychopharmacology (N01MH7009). Three successive waves of children and their families (10 to 12 per wave) will be recruited and then randomly assigned to the 12-session PMT program developed by Barkley and colleagues (1997) or twelve weeks of standard treatment in the clinic. The primary outcome measures will include Oppositional Defiant Scale and the Clinician's*

Global Improvement score assessed at midpoint (6-week mark) and endpoint (11-week mark) by a clinician who is blind to treatment assignment. The same clinician will evaluate the durability of PMT in this population at six weeks and twelve weeks posttreatment. Children who were randomly assigned to standard treatment will be invited to participate in the PMT program and will also be independently assessed at six and twelve weeks. This design will permit two sets of analysis: short-term efficacy (change from baseline in randomly assigned groups after the 11-session intervention); durability of PMT (evidence of sustained benefit up to 12 weeks post-treatment).

Thesaurus Terms:
Tourette's syndrome, behavior therapy, child behavior disorder, child psychology, comorbidity, human therapy evaluation, parent offspring interaction, training
adult human (19+), attention deficit disorder, clinical trial, coping, experimental design, middle childhood (6-11), obsessive compulsive disorder, outcomes research, psychological stressor, school, social behavior, stress management
behavioral /social science research tag, human subject, interview, patient oriented research, psychometrics, questionnaire

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